

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000159

1. Entity Name
**ADULT CYSTIC FIBROSIS FOUNDATION OF
JACKSONVILLE, INC.**



Principal Place of Business

**425 LEE STREET
SUITE 202
JACKSONVILLE, FL 32204**

Mailing Address

**425 LEE STREET
SUITE 202
JACKSONVILLE, FL 32204**



04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4055796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A - SUITE 104
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALANGA, ANTHONY M.D.
STREET ADDRESS	425 LEE STREET, SUITE 202
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	VPD
NAME	ROTHSTEIN, MITCHELL S M.D.
STREET ADDRESS	425 LEE STREET, SUITE 202
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	SD
NAME	GLOGER, VICKI-LYNNE
STREET ADDRESS	425 LEE STREET, SUITE 202
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	DESALES, SISTER
STREET ADDRESS	1800 BARRS STREET
CITY- ST- ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000930625
05/21/08-80117-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony L. Malanga, MD, President

904-366-3738